NURSING FACILITY UPDATES AND REMINDERS

UPDATES

- The Public Health Emergency (PHE) has officially ended
- Special COVID-19 Letters of Direction (LODs) previously in effect have been sunset by HCA
- Impact to Nursing Facilities:
  - Waived authorization for SNF and long-term care admissions from the hospital
  - Continued stay NFLOC auto-approvals will not be issued
  - All previously established timelines in the Medical Assistance Division Managed Care Policy Manual are required-including retrospective requests, claims submissions, etc.
  - Managed Care Policy Manual:

https://www.hca.nm.gov/wp-content/uploads/2024-Policy-Manual-Full-FINAL.pdf

MEDICAL ELIGIBILITY



To be medically eligible for LTC custodial, a recipient must meet the criteria for at least a Low NF LOC



NF LOC decisions are based solely on criteria supported by documentation in the medical record



The medical record documentation shall support initial and ongoing eligibility

ACCURATE PROVIDER DATA



Please ensure the NF provider data being submitted to the MCO is the most accurate and up to date information at the time of submission.



The MCOs are seeing many packets submitted with outdated Facility names, NPI and/or Tax ID. This also applies to nursing facility purchases, etc.



This causes many administrative issues for the MCOs and could result in delayed payment or a denied claim.

INITIAL LOW NURSING FACILITY (LNF)

HCA requires that requests are submitted to the MCO within 30 calendar days of the member's admission

Minimum Data Set (MDS) current (14 days) for the time frame requested

Preadmission Screening and Residential Review (PASRR) Level I, (PASRR Level II or WAIVER when applicable)

History & Physical (within 6 months of NFLOC start)

Dated Physician's Order for LNF or HNF Signed by MD,CNP, PA, Clinical Nurse Specialist or Signed by the RN/LPN who took verbal/telephone with the name of the provider who gave the LOC order

Notification Form



CONTINUED STAY LOW NURSING FACILITY (LNF)

- Documentation should include:
  - Minimum Data Set (MDS) current (90 days)
  - History and Physical (within one year)
  - Physician's Order for LNF or HNF
  - Physician Progress Notes within 12 months
  - NFLOC Notification Form

HCA requires that packets are sent to the MCO's 60 calendar days prior to the NF LOC expiration date

INITIAL HIGH NURSING FACILITY (HNF)



CARE PLANS AND INTERDISCIPLINARY NOTES



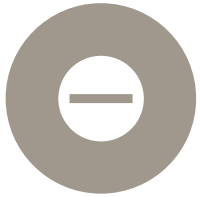
MEDICATION ADMINISTRATION RECORDS (MAR)



TREATMENT ADMINISTRATION RECORDS (TAR)



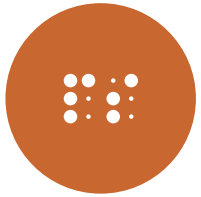
NURSING NOTES



THERAPY NOTES AND GRIDS (IF APPLICABLE)



BEHAVIOR TRACKING FLOWSHEETS (IF APPLICABLE)



PLUS- ALL LNF REQUIREMENTS



REQUEST MUST BE SUBMITTED TO THE MCO WITHIN 30 CALENDAR DAYS OF THE MEMBER'S ADMISSION OR CHANGE IN CONDITION

CONTINUED STAY HIGH NURSING FACILITY (HNF)

All HNF Requests
- Care Plans and Interdisciplinary Notes
- Medication Administration Records (MAR)
- Treatment Administration Records (TAR)
- Nursing Notes

Dependent on HNF Criteria Requested
- Therapy Notes and Grids
- Behavior Tracking Flowsheets

HCA Required Timeline for Submission of Request:

- Initial Stay HNF Requests: 30 Calendar days from the initial HNF expiration date
- Continued Stay HNF Requests: 30 Calendar days from the NF LOC expiration date



NURSING FACILITY TIMELINES

Review Type	Timeline
Initial Stay	*Must be submitted 30 calendar days after admission*
Continued Stay	*Must be submitted 60 calendar days prior to current NFLOC expiration for LNF, and 30 calendar days prior to HNF*
Medicaid Pending	*Must be submitted less than 30 days from when the Member is received on the ASPEN 112 file*
Level of Care Changes	*Must be submitted within 30 calendar days of change in LOC*
NF Transfers	*Must be submitted within 30 calendar days of change in facility*
Re-admissions	*Must be submitted within 30 calendar days after hospital discharge*
Discharge Status	*Must be submitted within 30 calendar days of the NFLOC denial*
Request for Information	*Additional documentation must be submitted to the MCO within 14 business days of the request*
Re-review	*Must be submitted within 10 calendar days of the MCO's decision*
Reconsideration	*Must be submitted within 30 calendar days of the Re-review decision.*
Appeals	*Must be submitted within 60 calendar days of the Notice of Action/Denial Decision*

KEY CONSIDERATIONS FOR A NEW ADMISSION

- Members with a full Medicaid Category of Eligibility, including Alternative Benefit Plan (COE 100) do not require Institutional Medicaid.
  - A request should not be sent to ISD as the member already has appropriate eligibility

- Members admitted to the Nursing facility who are on the Developmentally Disabilities (COE 096) Waiver or the Medically Fragile Waiver (COE 095) should not be transitioned to Institutional Medicaid unless the member absolutely plans to remain in the Facility Long-term
  - If the member is transitioned to Institutional Medicaid, their waiver eligibility and access to Home and Community Based Services will be terminated

MEDICAID PENDING:

ESTABLISHING MEDICAL ELIGIBILITY

Medicaid Pending refers to a member who is in a nursing facility long-term/Custodial Care and applying for Institutional Medicaid

It is highly encouraged that the Nursing Facility will assist the member in contacting ALTSD to place their name on the central registry 1-800-432-2080

The MCO will receive notification via the 112 file to assess for medical criteria and eligibility

NFLOC Evaluation

The MCO outreaches to the NF to request a NF Packet to be reviewed by Utilization Management if a one has not already been received by the facility *The start date on the packet should be no later than the date the request was sent to ISD

The MCOs send NFLOC determination to ASPEN

DISCHARGE STATUS



Discharge Status occurs when a resident no longer meets HNF or LNF level of care, but there is no option for community placement of the resident at that time. Discharge Status does not mean the resident is being discharged from the facility.



Discharge Status is considered when residents may be at risk for failure to thrive outside the nursing facility and discharging the resident places the resident's health at risk.



Initial Discharge Status is authorized at LNF for a maximum of 90 calendar days



Continued Stay Discharge Status is authorized at LNF for not less than 180 calendar days and up to 365 calendar days

DISCHARGE STATUS DOCUMENTATION REQUIREMENTS

Upon receipt of LNF denial, for those who would constitute an unsafe discharge, the following documentation must be submitted:

- A valid LOC order
- Physician orders are valid for 60 days from date of receipt;
- Current Minimum Data Set (MDS) for the time frame requested
- Submission of a Continued Stay request for a resident in Discharge Status must acknowledge the resident's Discharge Status and document the facility's ongoing attempts, in conjunction with Care Coordinator's effort, to find and develop appropriate community placement options for the resident
- The facility should document why the resident must remain in the nursing home until the resident can be safely discharged to the community.

NURSING FACILITY TRANSFERS

The nursing facility must notify the Turquoise Care MCO & ISD (via CIU) when a transfer is to occur from one nursing facility to another. The receiving nursing facility will provide the Centennial Care 2.0 MCO with the date of the transfer.

If there are more than thirty (30) days on the resident's current Level of Care, MCO will send an authorization with the days remaining on the current Level of Care.

If there are less than thirty (30) days remaining on the resident's current Level of Care:

The receiving NF will send a Continued Stay request with all other required documents for Continued Stay.

The days remaining on the current Level of Care will be added to the Continued Stay. The request should indicate that a transfer has occurred.

Please note- these are not considered new admissions

READMISSIONS:

When the resident leaves the NF for three or more midnights for an inpatient hospital stay, a readmission review is required

Within 30 days the NF must submit: a Re-admit MCO approval request form, the hospital discharge summary and/or residents admission note back to the NF

If NFLOC expiration is greater than 30 Calendar days:

Additional days will be assigned from the re-admit date	The NF sends the notification form to the MCO along with supporting documentation

If NFLOC expires in less than 30 Calendar days:

The NF will not submit a readmit notification form.	Instead the NF should submit a re-determination (annual/continued stay) request on the notification form along with supporting documentation.



Prior authorization forms not submitted timely due to reasons beyond the control of the NF must be submitted to the MCO with a detailed written explanation and documentation that supports the request for an excusable late review.



If the reason for the delay in documentation submission was within the control of the NF, the effective date for reimbursement is the date the packet was received by the MCO.



Medicaid will not reimburse NFs for DOS not covered by the MCO prior authorization form. In addition, the Medicaid member and his/her family member(s) cannot be billed for the services provided by the NF. The NF will not discharge the resident due to assignment of late days by the MCO.

RETROSPECTIVE REVIEWS

SHORT TERM STAYS

Timeframe:

All short-term stays are less than 90 days, and individual situations may vary.

Criteria:

- Member does not meet SNF criteria or has exhausted SNF benefits;
- Member does not plan to remain in the NF for more than 90 days;

Important Reminder:

This process does not require the MCO to facilitate a NFLOC evaluation. If Member requires NFLOC, please submit under LTC custodial care.

*Please note, if a notification is received from ASPEN prompting a Medicaid Pending evaluation, the MCO is required to facilitate this within 30 days.

Payment:

A payable authorization will be issued upon meeting short term stay criteria. If authorized, the provider will bill revenue code 0190 for authorized bed days. If revenue codes are billed for Low NF or High NF the claim will be denied.

SHORT TERM STAYS: KEY CONSIDERATIONS

Category of Eligibility: if the Member is on a waiver (090-096) and does not intend to remain long term in the NF, do not notify ISD and request Institutional Medicaid. A short term stay auth may be authorized via the Member's medical benefit with no impact to the COE. The Member's NF LOC follows the person.

Exhausted SNF Benefit: Member exhausted SNF benefits and is not transitioning to LTC custodial care. NF will submit for a short term stay until such time that a safe discharge plan has been established.

Intended to transition to custodial care but did not meet the 90-day timeline: If the Member discharges AMA, expires in the facility, is hospitalized and readmitted to a different facility, or changes level of care/setting the NF shall request a short stay authorization instead of a custodial care authorization.

SHORT TERM STAY PROCESS BY EACH MCO

BLUE CROSS BLUE SHIELD

- For short term stay authorizations, please submit the required documentation to the Long Term Care Utilization Management department.
  - Email: NFLOCPackets@BCBSNM.com
  - INF Fax: 505-816-2093
- BCBS will not issue a NFLOC for a short-term stay
- BCBS will review the submitted documentation for Medical Necessity and will issue a payable authorization for a short-term stay.

MOLINA HEALTHCARE

- For short term stay authorizations, please submit the required documentation to the Long Term Care Utilization Management department.
  - Email: MHNM.UtilizationManagement@MolinaHealthCare.Com
  - INF Fax: 1-833-558-6769

PRESBYTERIAN

- The Nursing Facility shall submit all Short Term Stay requests to the Inpatient Utilization Team via Tom Rigirozzi trigirozz@phs.org; Tahnee Lonjose tlonjose@phs.org; fax: 505-843-3107
- The Nursing Facility will send all required documents referenced on the Short Term Stay Checklist
- PHP will review for medical necessity and will issue an authorization for Short Term Stay payable authorization. PHP will not issue a NFLOC review for a Short Term Stay review.
- The Nursing Facility will bill for a Short Term Stay under Revenue Code 0191 (Subacute Care)

UNITED HEALTHCARE

- For short term stay authorizations, please submit the required documentation to the Long Term Care Utilization Management department.
  - Email: UHC_care.coordination@uhc.com
  - INF Fax: 844-662-2119
  - phone: 1-877-236-0826

MCO CONTACT INFORMATION

Blue Cross Blue Shield

- Provider Network: https://www.bcbsnm.com/docs/provider/nm/network-contacts.pdf
- Long Term Care Utilization Management:
  - Email: NFLOCPackets@BCBSNM.com
  - Contact: Fax: 505-816-2093; Phone: 505-816-3149

Molina Healthcare

- Provider Network: Marlene.Driscoll@MolinaHealthCare.Com
- Long Term Care Utilization Management: Sandra.Northrop@Molinahealthcare.com
  - Email: NM_LTSSDocuments@molinahealthcare.com
  - Contact: Fax: 1-833-813-2812
  - Inpatient Utilization Management (for short term stay requests): NM_LTSSDocuments@molinahealthcare.com
  - fax: 1-833-813-2812

MCO CONTACT INFORMATION

Presbyterian

- Provider Network: www.phs.org/providers/contact
- Long Term Care Utilization Management:
  - Email: hsauthltcefax@phs.org
  - Contact: Fax: 505-843-3195; phone: 505-923-8145
- Inpatient Utilization Management (for short term stay requests):
  - Tom Rigirozzi trigirozz@phs.org; Tahnee Lonjose tlonjose@phs.org; fax: 505-843-3107

United Healthcare

- Provider Network: Sandi Howard sandi.howard@optum.com
- Long Term Care Utilization Management: Misti Price misti_price@uhc.com
  - Email: UHC_care.coordination@uhc.com
  - Contact: Fax: 844-662-2119
- Physical Health Utilization Management:
  - Email: UHC_care.coordination@uhc.com
  - Contact: Fax: 844-662-2119 ; phone: **1-877-236-0826**

QUESTIONS?